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objects. An after-image on the retina may obscure real objects, moves with the eye, and is projected. If these characteristics are found in an hallucination it involves the retina. Those that do not may occur when the patient is blind and the optic nerves atrophied. The interesting phenomena of the projection of dream images, unilateral hallucinations and those produced by drugs, are touched upon. From suitable experiments with the last, thinks Dr. Tuke, something may yet be learned in regard to their seats, though the results so far have been anything but definite.

*Ueber subjective Gehörswahrnehmungen und deren Behandlung.* Dr. EICHBAUM. Berlin u. Neuwied, 1888. Heuser's Verlag, pp. 32.

The subjective sounds are here treated from the standpoint of the aurist. Those that are really pathological may arise from disease anywhere in the auditory apparatus from the periphery to the cortical centers. Those of origin in the sound-transmitting apparatus are most common, and almost all of them come from too great pressure on the labyrinthic fluid, in an hyperaesthetic condition of the nerve. Those from disease of the outer ear (rare) and of the drum are not apt to be strong or continuous, but some of those from the middle ear (more frequent) become so. Others come from trouble in the labyrinth itself. These are generally loud and accompanied by the symptoms of Ménière's disease. Some arise from focal and general diseases of the brain or auditory nerve, and yet others from drugs and from general states of nervous disturbance, as hysteria and neurasthenia. The author also takes up prognosis and treatment. Here and there in the pamphlet are items of more direct psychological interest, for example, the remark that a man's business is apt to fix the character of the subjective sounds he hears (metal workers hearing hammering, musicians tones, etc.), and that the apparent intensity of the sounds may vary with the time of day and the mood of the patient.

In the *Annal. univers. di Medic. e di Chirurg.*, Vol. 285, April, 1888, Prof. Raggi describes two cases of unilateral hallucination. One was that of an alcoholic man, with delusions of persecution and bilateral hallucinations of sight. His unilateral hallucinations were of hearing and on the left side—noises, and voices defaming and accusing his wife. As these were only heard on that side, he concluded that she had tried to kill him by pouring poison into that ear. The continuous noises would point to peripheral excitation, but no disease could be found. The second case was that of a perfectly sane woman of 70 (earlier in life "nervous" and syphilitic), who for 15 years had had subjective sensations of sight. For about 5 years these were flashes and momentary red glimmers before the left eye. They then appeared before the right eye, at the same time gradually decreasing and finally disappearing from the left, where a cataract was forming. Two years later the cataract was operated upon and the lights returned. They likewise disappeared from the right eye on the formation of a cataract there. Later still the left eye was blinded by chorioiditis, without destroying the sensations, which on the contrary developed at last into hallucinations of landscapes, palaces, persons, animals, etc., all still confined to the left side. In this case a peripheral disturbance probably gave

rise to central hallucinations. Such a peripheral origin seems common. Prof. Raggi has gathered 15 cases of unilateral hallucination from the literature; 9 were of hearing, 6 of sight; the left side was affected 11 times, the right 4, thus falling in with the view that makes the left half of the body predominantly sensory, the right predominantly motor.

#### IV.—MISCELLANEOUS.

*The Double Brain.* H. MAUDSLEY, M. D. Mind, April, 1889.

How the two hemispheres co-operate for the work of one mind is a question the answer to which must at present partake of speculation. Maudsley's answer, though something less than demonstrative, recommends itself at a number of points. In a discussion of the motor functions of the hemispheres he shows that, like the eyes, they have a large field of action in common, but also partial fields not in common. The same may be assumed of their sensory functions. Their relatively greater independence as centers of consciousness does not wholly destroy their unity of function. That rests upon the unity of feeling and action, and these in turn on the unity of the organic life of the single body. The brain is not a superadded regulator of the body, but part and parcel of it and its representative. The hemispheres act together, however, only when they have been trained to act together, as the eyes learn by experience to unite their double images. One hemisphere may, perhaps, control what has become automatic, but both probably co-operate for close attention and for the best apperception. Loss of the unifying power and improper action of the hemispheres makes mental disturbance. Mania and melancholia may be conceived as resulting respectively from an elevation and depression of the unifying power, the "disintegration of the ego" attending epileptic attacks from its perversion. For abundant illustration of the theory in the case of abdominal wounds, dreams, the powers of erratic geniuses, etc., the original should be consulted.

*Muscular Movements in Man and their Evolution in the Infant . . . together with inferences as to the properties of the nerve-centers and their modes of action in expressing thought.* FRANCIS WARNER, M. D. Journal of Mental Science, April, 1889.

The emphasis laid by modern psychology on the motor side of mind makes such studies as those of Dr. Warner important. The first of the three sections of his article presents the relations of movements as to time, quantity, antecedents, delay, reinforcements, sequence, etc., gives something of the movements of different bodily parts, and shows the connection of movements with the nervous system. In illustration, fatigue and sleep are described in motor terms. The second section deals with the development of motion. At first there are certain reflexes and respiration. When the child is awake there are also more or less constant irregular movements, especially of the smaller members. These spontaneous movements the author calls *microkinesis*. They are not at first influenced by stimuli to sight and hearing, though the reflexes respond to touch. Reinforced action appears in the child's crying. In the following weeks the movements gain in force and extent, and new ones appear. At four months the